# Dr. Hafiz F. Kassam Orthopedics

Advanced Shoulder and Elbow Reconstruction, Sports Medicine and Trauma Surgery

# TENNIS/GOLFERS ELBOW PHYSICAL THERAPY REFERRAL

Patient Name:	Date:

PT /OT 2-3 visits per week for 6-8 weeks

## Phase 1: Days 1-7 (Goal: Allow reduction of initial surgical inflammation, allow incision to heal)

- Position the extremity in a sling for comfort. Wear wrist splint at all times (except for hygiene)
- Control edema and inflammation: Apply ice for 20 minutes two to three times a day.
- Gentle hand, wrist, and elbow range of motion (ROM) exercises. Exercises should be done in a pain-free ROM.
- Active shoulder ROM and Periscapular exercises
- Patient should minimize the frequency of any activities of daily living (ADLs) that stress the extensor/flexor tendon mechanism such as lifting, and combined joint movements (i.e. full elbow extension with wrist flexion).
- Protection of incision site. Keep dressing intact and dry.
- Education on work / activity modification- avoid lifting on surgical side (max 2-3 lbs)

## Phase 2: Weeks 1-3 (Goal: Allow incision to fully heal, maintain elbow ROM and wrist ROM)

- Discontinue sling.
- Begin passive range of motion (PROM). Passive motion should be continued and combined with active-assisted motion within end-range of patient's pain tolerance
- Gentle strengthening exercises with active motion and sub maximal isometrics.
- Edema and inflammation control: Continue to ice application 20 minutes two to three times a day. Tubigrip as needed. Scar management as needed.
- Continue work / activity modification education- avoid lifting on surgical side (max 5-7 lbs)

#### Phase 3: Weeks 4-6 (Goal: Begin strengthening and being return to normal ADL's)

- Advanced strengthening as tolerated to include weights. Focus should be on endurance training of wrist extensors and/or flexors (i.e. light weights, higher repetitions per set).
- ROM with continued emphasis on restoring full A/PROM.
- Edema and inflammation control with ice after rehab. Gentle massage along and against fiber orientation.
- Counterforce bracing to common extensor tendon/flexor tendon of forearm for tennis elbow/golfers elbow release. If both performed-utilize more symptomatic side (Including education on proper use to avoid nerve compression).

### Phase 4: Weeks 6-10 (Goal: Return to normal work, sport and daily living)

- Continue counterforce bracing if needed for patient to complete ADL's.
- Begin task-specific functional training.
- Return to higher-level work / recreational activities.

Signature	Date
Renew Therapy	Date